

# COMMUNITY ACTION PROGRAM, INC. OF WESTERN INDIANA

## Client Service Needs Form

Name _____
Address _____
City _____ State _____ Zip Code _____
County _____ Phone Number _____
E-mail _____

Services needed/interested in:

**By checking the boxes below, someone may contact you in regards to the services requested.**

- |   |  |
|---|--|
| <input type="checkbox"/> Housing _____                        | <input type="checkbox"/> Health Insurance _____                |
| <input type="checkbox"/> Paying rent _____                    | <input type="checkbox"/> Cash assistance _____                 |
| <input type="checkbox"/> Electric/gas bill _____              | <input type="checkbox"/> Mental health _____                   |
| <input type="checkbox"/> Water bill _____                     | <input type="checkbox"/> Prescriptions _____                   |
| <input type="checkbox"/> Managing money _____                 | <input type="checkbox"/> Adult/Child abuse _____               |
| <input type="checkbox"/> Food _____                           | <input type="checkbox"/> In-home care _____                    |
| <input type="checkbox"/> Clothing _____                       | <input type="checkbox"/> WIC (nutrition & vouchers) _____      |
| <input type="checkbox"/> Starting a business _____            | <input type="checkbox"/> Lead testing services _____           |
| <input type="checkbox"/> Small business loan _____            | <input type="checkbox"/> IDA (match savings plan) _____        |
| <input type="checkbox"/> Finding childcare _____              | <input type="checkbox"/> Home insulation/weatherproofing _____ |
| <input type="checkbox"/> Paying for childcare _____           | <input type="checkbox"/> Pregnancy _____                       |
| <input type="checkbox"/> Employment _____                     | <input type="checkbox"/> Healthy relationship programs _____   |
| <input type="checkbox"/> Adult Education/TASC (GED) _____     | <input type="checkbox"/> Parenting skills _____                |
| <input type="checkbox"/> Child Education _____                | <input type="checkbox"/> Computer skills _____                 |
| <input type="checkbox"/> Repairs to home _____                | <input type="checkbox"/> Homeless services/shelters _____      |
| <input type="checkbox"/> Public transportation _____          | <input type="checkbox"/> Nutrition education _____             |
| <input type="checkbox"/> Youth Mentoring _____                | <input type="checkbox"/> Free income tax preparation _____     |
| <input type="checkbox"/> Tobacco prevention & cessation _____ | <input type="checkbox"/> Addiction/Substance Abuse _____       |
| <input type="checkbox"/> Foreclosure _____                    | <input type="checkbox"/> Other _____                           |
| <input type="checkbox"/> First-time home buyer classes _____  | <input type="checkbox"/> Other _____                           |
| <input type="checkbox"/> Legal Aide _____                     | <input type="checkbox"/> Other _____                           |

**By signing below, you are agreeing to allow CAPWI to share your contact information with other agencies.**

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Referred by \_\_\_\_\_ Date \_\_\_\_\_

White – Referring Employee

Yellow – Client

Pink – Central Office